



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF United States of America		COURT CASE NUMBER 3:15-CR-154	
DEFENDANT George Marcus Hall		TYPE OF PROCESS Protective Order	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE George Marcus Hall c/o Richard Gaines, Esq.		
	ADDRESS (Street or RFD, Apartment No., City, State and Zip Code) Daniel, Harp & Gaines, 550 Main Street, Suite 950, Knoxville, TN 37902		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		NUMBER OF PROCESS TO BE SERVED IN THIS CASE	1
Anne-Marie Svolto Assistant U.S. Attorney U.S. Attorney's Office 800 Market Street, Suite 2110 Knoxville, Tennessee 37902		NUMBER OF PARTIES TO BE SERVED IN THIS CASE	
		CHECK BOX IF SERVICE IS ON USA	
		SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service) (IRS Case No. 1000265674) Please serve upon person listed above <u>by certified return receipt mail</u>/ Please return the original of this form along with original green return receipt signed by recipient to USAO.	
Signature of Attorney or other Originator requesting service on behalf of Anne-Marie Svolto / by J. Sorey		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NO. (865) 545-4167
			DATE 12/28/15
SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS			
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the total number Of process indicated	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER.
			DATE 12/28/2015
I HEREBY CERTIFY AND RETURN THAT I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", THE PROCESS DESCRIBED			
ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC NAMED ABOVE.			
NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE:		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above)		DATE OF SERVICE 1/4/16	TIME OF SERVICE <input type="checkbox"/> AM <input type="checkbox"/> PM
		SIGNATURE, TITLE AND TREASURY AGENCY AFC IRS CI	
REMARKS: Sent via certified mail # 7014 2120 0002 0720 9632 (see attached - return receipt)			

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George Marcus Hall c/o Richard Gaines, Esq.
 Daniel, Harp & Gaines
 550 Main Street
 Suite 950
 Knoxville, TN 37902

PS Form 3800, July 2014

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

George Marcus Hall c/o Richard Gaines, Esq.
 Daniel, Harp & Gaines
 550 Main Street
 Suite 950
 Knoxville, TN 37902



9590 9401 0012 5168 6402 60

7014 2120 0002 0720 9632

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Kristi Perrett*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-4-16

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
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- ☒ Certified Mail®
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- ☐ Priority Mail Express®
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- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ On Delivery Restricted Delivery
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 (over \$500)

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt